

NOTARIZED STATEMENT OF INCOME

I/We, _____ and _____
Print name of Legal Parent/Guardian A Print name of Legal Parent/Guardian B

hereby swear to be the legal guardian(s) of _____
Print name of Student

My/Our relationship to this student is _____
(Ex. parent, guardian, relative, sibling)

My/Our address is _____

The following information summarizes income that I/we currently earn:

Parent/Guardian Name	Employer Name	Hours Worked per Week	Hourly Rate	Weekly Income

Other income that I/we receive (check all that apply and provide *monthly* amount):

- | | | |
|--|---|--|
| <input type="checkbox"/> Pension: \$ _____ | <input type="checkbox"/> Unemployment: \$ _____ | <input type="checkbox"/> Social Security: \$ _____ |
| <input type="checkbox"/> Section 8: \$ _____ | <input type="checkbox"/> CalWorks: \$ _____ | <input type="checkbox"/> CalFresh: \$ _____ |
| <input type="checkbox"/> Child Support: \$ _____ | <input type="checkbox"/> Disability: \$ _____ | <input type="checkbox"/> Alimony: \$ _____ |

The following person(s) is/are 100% dependent upon *me/us* for financial support (include student named above):

Dependent Name	Relationship to Legal Parent/Guardian	Age

I/We swear the information provided on this statement is true and correct, and includes *all* sources of income for *my/our* household.

Signature of Legal Parent/Guardian A

Signature of Legal Parent/Guardian B

NOTARY PUBLIC

This *Statement of Income* was sworn and subscribed to me on the _____ *st/th* day in the month of _____, 20_____.

Notary Signature

Notary Stamp/Seal